



115 Parnell Street, Merritt Island, FL 32953
Phone: 321-452-8190 Fax: 321-454-4822

Patient Authorization & Office/ Appointment Policies

In accordance with HIPPA federal regulation, I consent to the use and disclosure of my, and/or my dependents Protected Health Information by Frederick H. Waggener, DDS to carry out treatment, payment activities, and healthcare operations. Treatment information may be disclosed to a spouse, a parent, a guardian or caregiver unless specifically declined in writing.

Initial

FOR A MINOR DEPENDENT, I authorize the dentist and/or staff members to perform dental services for my dependent, which are deemed necessary by Frederick H. Waggener, DDS

Initial

I consent to the use of dental radiographs for treatment planning, identification, and communication with dental laboratories, third party payers and other dental or medical providers.

Initial

I understand that a minimum of **24 business hours** is required for cancellation of any appointment Failure to provide adequate notice may result in a charge of \$50.00. If we are unable to confirm with you 24 hours prior to your appointment, it may be given to another patient.

Initial

I acknowledge that payment for services is due at the time of treatment and that I am financially responsible for all charges for dependents or myself whether or not paid by my insurance company. Finance charges of 1.5% monthly will accrue on all accounts 90 days past due. I understand I am responsible for all charges incurred to collect debt (i.e. collection fees, etc).

Initial

FOR PATIENTS WITH INSURANCE: I assign all payments from my dental insurance company for services rendered to be paid directly to Frederick H. Waggener, DDS. I authorize the use to my signature below on all dental claim submissions, whether manual or electronic.

Initial

I acknowledge that I have been provided the opportunity to read, review and obtain a copy of the Notice of Privacy Practices for Frederick H. Waggener, DDS.

Initial

I _____ have read, understand and accept the authorizations and policies explained above.
Print Name

Signature

Date

Witness